## L090000 41828

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
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Office Use Only

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## COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Cascar, LLC	
	Nam	e of Limited Liability Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
Robei	rt G. Breier	
	Name of Person	
Breier	r and Seif, P.A.	
-	Firm/Company	<del></del>
18851	1 NE 29th Avenue, Suite 405	
	Address	
Avent	tura, FL 33180	
	City/State and Zip Code	
E	-mail address: (to be used for future ann	ual report notification)
For fur	ther information concerning this matter,	please call:
Maria	L. Williamson	305 935-0507
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18	3 (2/14)	



March 3, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: CASCAR, LLC Ref. Number: L09000041828

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00004631

Claretha Golden Regulatory Specialist II

www.sunbiz.org



February 5, 2020

ROBERT G. BRIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: CASCAR, LLC Ref. Number: L09000041828

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 520A00002638



January 15, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: CASCAR, LLC Ref. Number: L09000041828

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the entire form.

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00001195

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Name of the limited liability compa	any: Cascar, LLC					
(a) 2800 Ponce De Leon Blvd Principal office address of limi (Note: MUST BE STRE	ted liability company:	FL 3 <b>39</b> 84	Ma	once De Leon B. iling address of limited Note: MAY BE POST	- liability com	pun Coral Gal
04/30/2009			.09000041			
Date of filing/registrati	on in Florida	4.	1)	ocument number		
(a)Evan_DSeif_ Registered Agent and Registered Office	e shown on the records of	the Florida D	ept. of State:			
Registered Office Address (MUST	BE FLORIDA STREET	ADDRESS)	<u></u>		9 : . 11 : 1	
_2800_Ponce_De_Leon_Blv	vd., Suite 1125					
-Coral-Gables	, FI.	. 33134	<del></del>		16 M	
(h) _Robert_G. Breier Enter name of <u>NEW Registered Agen</u>	it and/or NEW Registered	Office addr	<u>:</u> **:		7:36	ر الوب
Robert G. Breier						
NEW Registered Office Address:		<del></del> -				
18851 NE 29th Avenue, S	Suite 405					
Aventura	, FI	33180				
he limited liability company is not of change or changes are made, the Floring will be identical. Or, in the case s/were authorized by an affirmative articles of organization or the operation.	orida street address of of a Florida limited li vote of the members o	f the registe ability con of the limit Himited lia	red office a pany, it is l ed liability bility comp	and the business off hereby confirmed the company or as othe	ice of the r nat the char rwise prov	registered nge(s)
signature of a member or authorized represer	itative of a member		7000	Printed or typed name o	f signce	<u> </u>
nereby accept the appointment as resovisions of all statutes relative to the obligations of my position as regist merely reflect a change in the registative in ariting of this change.	nietarad aanst and aa	ree to act is performan d for in Cl hereby con	this capac we of my di apter 605, firm that th	city. I further agree aties, and I am fami F.S. Or, if this doc ne limited liability co	to comply liar with a ument is be ompany ha	with the nd accept eing filed as been